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# MTDLP

Management Tool for Daily Life Performance



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## 1 BACKGROUND

By 2025, the proportion of elderly people in Japan is estimated to exceed 30%. A comprehensive community care system which provides medical care, nursing care, prevention, home, and lifestyle support services is urgently needed to ensure that the elderly population can live independently, within their own communities, and with dignity in this era of limited social security costs.

The Japanese Association of Occupational Therapists has developed a “Management Tool for Daily Life Performance” (MTDLP) to present the different aspects of occupational therapy that can contribute to the comprehensive community care system in a manner that is easy for the public to understand. This tool was created through the Grant-in-Aid for the promotion of geriatric health projects by the Ministry of Health, Labour and Welfare. MTDLP presents a comprehensive thinking process for occupational therapists in an intuitive manner, and was designed to focus action plans on meaningful occupation by visualizing the subjects’ daily lives 24 hours a day and 365 days a year.

## 2 DAILY LIFE PERFORMANCE AND LIMITATION OF DAILY LIFE PERFORMANCE

Daily life performance encompasses all activities performed so that an individual can live. Daily life performance include activities of daily living (ADL) needed to maintain self-care, instrumental activities of daily living (IADL) to maintain lifestyle, and any other work, hobbies, and leisure activities. Our lives involve a series of daily life performance, and through this cycle we maintain and promote our health.

Daily life performance can be inhibited by reduced mental and physical function due to illness or old age, bad lifestyle habits, poor interpersonal relationships, and changes in living environment, - all of which may result to a limitation of daily life performance. Limitations start with restricted social participation, and extend to IADL and self-care. Moreover, limitation of daily life performance is often associated to reduce occupational competency, confined the scope of living, and reduced motivation to live.

## 3 THE PROCESS OF MTDLP

MTDLP is designed to help considering and implementing support measures for limitations of daily life performance in line with the following processes:

1. “Intake” : First, subjects and their families are interviewed regarding their desired daily life performance using a Daily Life Performance Interview Sheet (see Document 1). A Hobbies and Interests Checklist (see Document 2) is used when subjects cannot express verbally their desires.
2. “Daily life performance assessment” : Factors restricting the daily life performance, which were revealed in the interview, are assessed based on the International Classification of Functioning, Disability, and

Health (ICF), and using the first section of the MTDLP Sheet (see Document 3). At the same time, current strengths and prognostic expectations are assessed. Based on these results, the subjects and their families are consulted again in order to reach a consensus on the problems to resolve and priorities. Subjective level of performance and degree of satisfaction are also asked.

3. “Daily life performance improvement plan” : An action plan to enable subjects to implement daily life performance is drafted based on the lower section of the MTDLP Sheet (see Document 3). The intervention program is divided into a basic program (approach for mental and physical function), an application program (simulated approach for activities and participation), and a social adjustment program (adaptive approach in the subject’s living environment). At the same time, the division of roles between the occupational therapist, the subjects and their family, and other support staff is clarified.
4. “Intervention” : This refers to the actual implementation of training, support, and adjustments required to improve daily life performance as desired by the subject.
5. “Re-evaluation and revision” : Following a fixed intervention period, an assessment is once again performed and a decision is made to either continue or end the intervention at this stage. If the intervention is continued, the plan is revised according to the assessment.
6. “Completion and referral” : The results and process of MTDLP are summarized in the Daily Life Performance Transfer Sheet (see Document 4) and the necessary support measures to improve future daily life performance are transferred to the professionals involved in the subject’s lifestyle support services, including care managers and care staff.

## 4 INTERVENTION EFFECT

A total of 230 subjects participated in a randomized controlled trial (RCT). The group that performed the MTDLP intervention maintained their Quality of life (QOL) one year after intervention, whereas QOL gradually declined in the control group. (see Fig 1)

The incremental cost effectiveness ratio (ICER) was 238,000 yen/quality-adjusted life year (QALY), indicating sufficient cost effectiveness.

(Noto S et al.: Cost effectiveness of “meaningful occupation” in outpatient rehabilitation. 47th Japanese Occupational Therapy Congress and Expo Abstracts (1880-6635). Page 0333, 2013.)

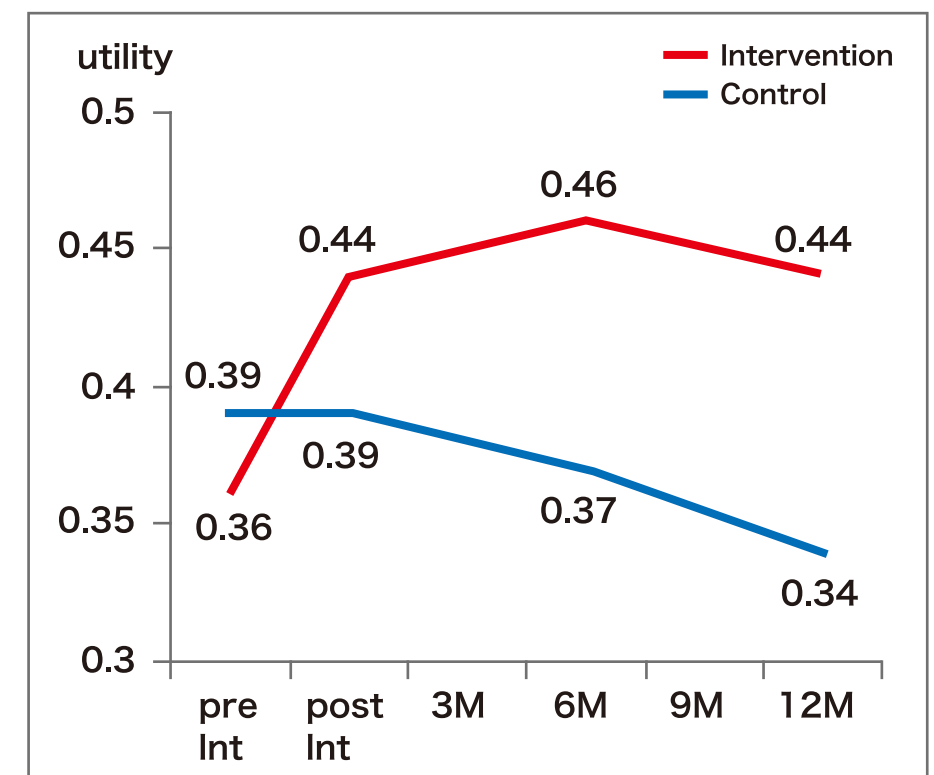


Fig 1. Changes in utility value in the Health Utilities Index 1 year after intervention

## Daily Life Performance Interview Sheet

Name		Age	years	Sex	Male / Female
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Examiner: \_\_\_\_\_ (Occupation: \_\_\_\_\_)

To prevent dementia and bedridden, it is important to maintain and participate in daily life performance such as housekeeping and social activities.

- Please describe two activities with which you experience difficulties or problems, and on which you would like to improve (activities you want to perform better or activities you think you need to perform better).
- If you cannot think of desires for daily life performance, please refer to the Hobbies and Interests Checklist provided.
- Once you have chosen specific goals for daily life performance, please score each of the following from 1 to 10.
  - Performance level: How well do you think you can perform (frequency) the agreed goal on the left? Give a score of 10 if you can perform this activity well. Give a score of 1 if you cannot perform the activity at all.
  - Degree of satisfaction: To what degree are you satisfied (content and sense of fulfillment) with the agreed goal on the left? Give a score of 10 if you are very satisfied and 1 if you are not satisfied at all.

Goals of daily life performance	Self-evaluation	First time	Final score
Desire 1	Level of Performance	/10	/10
	Degree of satisfaction	/10	/10
	Possibility of achieving it	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Desire 2	Level of Performance	/10	/10
	Degree of satisfaction	/10	/10
	Possibility of achieving it	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### For the family

Please inform us of any daily life performance that you would like the individual in question to perform better, or that you believe they need to perform better.

## Hobbies and Interests Checklist

Name: \_\_\_\_\_ Age: \_\_\_\_\_ years Sex (male / female)

Date of completion: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

Please check "Currently performing" for any daily life performances that you are currently performing, "Would like to perform" for any daily life performances that you are not currently performing but would like to try, and "Interested in" for any daily life performances that you are interested in, irrespective of whether or not you are currently performing or can perform it. If there are any relevant daily life performances that are not included in the list, please add them in the blank spaces provided at the end.

Living behavior	Currently performing	Would like to perform	Interested in	Living behavior	Currently performing	Would like to perform	Interested in
Using the toilet unaided				Lifelong learning and history			
Bathing unaided				Reading			
Dressing unaided				Poetry			
Eating unaided				Calligraphy and penmanship			
Brushing teeth				Drawing and creating picture letters			
Personal grooming				Computer and word processing			
Sleeping at any time				Photography			
Cleaning and tidiness				Cinema, theater, and concerts			
Cooking				Tea ceremony and flower-arranging			
Shopping				Singing and karaoke			
House and garden maintenance				Listening to music and playing instruments			
Laundry				Shogi (Japanese chess), go (board game), and other board games			
Driving a car or riding bicycle				Calisthenics and physical exercise			
Outing on train or bus				Walking			
Caring for children or grandchildren				Sports such as golf, ground golf, swimming, and tennis			
Caring for pets				Dancing			
Chatting and playing with friends				Watching baseball and sumo wrestling			
Enjoy family and relatives company				Horse racing, bicycle racing, motorboat racing, and pachinko			
Dating and meeting people of the opposite sex				Knitting			
Going to pubs				Sewing			
Volunteer work				Work on the farm			
Community activities (Neighborhood associations and senior citizen's clubs)				Paid work			
Visiting shrines and temples, other religious activities				Travel and hot springs			



# MTDLP Sheet

User: \_\_\_\_\_ Person in charge: \_\_\_\_\_ Date of completion: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

Daily life performance assessment	Goals of daily life performance	self-claimed				
		Key person				
	Assessment items	Analysis of body functions and structures	Analysis of activities and participation	Analysis of environmental factors		
	Factors interfering with daily life performance					
	Current abilities (strengths)					
	Prognostic expectations					
	Agreed goals					
Self-evaluation*	Initial	Performance level /10	Degree of satisfaction /10	Final	Performance level /10	Degree of satisfaction /10

\*In self-evaluation, the individual assessed should rate his/her performance level (quantitative evaluation of frequency) and degree of satisfaction (qualitative evaluation) from 1 to 10.

Daily life performance improvement plan	Implementation and support content	Basic program	Application program	Social adjustment program	
	Program to achieve goals				
	When, where, and who?	Client			
		Family and support staff			
	Implementation and support period	(year) (month) (day) - (year) (month) (day)			
Achievement	<input type="checkbox"/> Achieved <input type="checkbox"/> Change achieved <input type="checkbox"/> Not achieved (Reason: _____) <input type="checkbox"/> Discontinued				

# Daily Life Performance Transfer Sheet

Name: \_\_\_\_\_ Age: \_\_\_\_\_ years Sex (male / female)

Date of creation: \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)

I have instructed the following for the patient to maintain his/her health and daily life performance after discharge from hospital.

I ask for support in a daily basis in order to continue performing these activities.

Person in charge: \_\_\_\_\_

[Living status when healthy]		[Cause of present hospitalization] <input type="checkbox"/> Gradual decline in functions <input type="checkbox"/> Onset (of cerebral infarction etc.) <input type="checkbox"/> Other ( )		[Difficulties and areas to improve the patient's status]	
[Current living status] (describe abilities) *Check the relevant box					
ADL items	Currently performing	Would like to perform	Improvement expected	Support needed	Special remarks
Eating & drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving to / from a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking on level ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking upstairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tidiness & taking out garbage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Money management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making a telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
[Assessment summary and problems to be solved]					
[Support content and programs to continue]					